

LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>13726</u>	2. Fiscal Year Covered From: <u>01 / 01 / 2004</u> Through: <u>12 / 31 / 2004</u>
3. Name and address of person filing. Name <u>SCOTT N. SNOW</u> P.O. Box, Bldg., Room No., if any <u>P.O. Box 263</u> Street <u>221 S. Pine Street</u> City <u>IRVING</u> State <u>ILLINOIS</u> ZIP Code + 4 <u>62051-0263</u>	4. Name, file number, and address of labor organization. Name <u>CARPENTERS LOCAL UNION #725</u> Labor Organization File Number <u>068-882</u> P.O. Box, Building and Room Number, if any Street <u>215 1/2 Old R+ 66</u> City <u>LITCHFIELD</u> State <u>ILLINOIS</u> ZIP Code + 4 <u>62056-2625</u>
5. Position in labor organization. <u>FINANCIAL SECRETARY / BUSINESS REPRESENTATIVE</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.
---	--

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

[Signature]

On

8/15/05
Date

217-324-2401
Telephone Number

Name of Person Filing

SCOTT W. SNOW

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name ARIEL CAPITAL MANAGEMENT, LLCTrade Name, if any: ARIELP.O. Box, Bldg., Room No., if any SUITE 2900Street 200 EAST RANDOLPH DRIVECity CHICAGOState ILLINOIS ZIP Code + 4 60601-6438

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name CARPENTERS PENSION FUND
O.F. ILLINOIS

Trade Name, if any:

P.O. Box-Bldg., Room No., if any P.O. BOX 470Street 28 N. FIRST STREETCity GENEVAState ILLINOIS ZIP Code + 4 60134-0791

11.a. Nature of such dealing.

INVESTMENT MANAGER11.b. Approximate dollar value of such dealing. N/A

12.a. Nature of interest held or income received.

ROUND OF GOLF, GOLF SHIRT
AND DINNER AT ANNUAL
TRUSTEE DUTY.12.b. Amount \$286.40

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

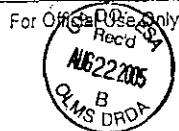
14.b. Amount of payment.

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

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3. Name and address of person filing. Name <u>SCOTT N SWO</u> P.O. Box, Bldg., Room No., if any <u>P.O. Box 263</u> Street <u>221 South Pine Street</u> City <u>TRUING</u> State <u>ILLINOIS</u> ZIP Code + 4 <u>62051-0263</u>	4. Name, file number, and address of labor organization. Name <u>CARPENTERS LOCAL 725</u> Labor Organization File Number <u>068-882</u> P.O. Box, Building and Room Number, if any Street <u>215 1/2 Old Historic R+ 66</u> City <u>LITCHFIELD, ILLINOIS</u> State <u>ILLINOIS</u> ZIP Code + 4 <u>62056-2625</u>
5. Position in labor organization.	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

08/15/2005
Date

217-324-2401
Telephone Number

Name of Person Filing

SCOTT A. SNOW

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name MESIROW FINANCIAL

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 350 NORTH CLARK STREET

City CHICAGO

State ILLINOIS

ZIP Code + 4 60610-4796

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name CARPENTERS PENSION FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any P.O. Box 470

Street 28 NORTH FIRST STREET

City GENEVA

State ILLINOIS

ZIP Code + 4 60601-6438

11.a. Nature of such dealing.

INVESTMENT MANAGER

11.b. Approximate dollar value of such dealing.

N/A

12.a. Nature of interest held or income received.

1. ROUND OF GOLF, LUNCH
AND DRINKS AT CARPENTERS
HELPING HANDS GOLF TOURNAMENT

12.b. Amount \$ 23.70

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer

or Consultant

?

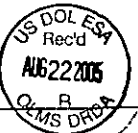
14.b. Amount of payment.

FORM LM-30

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5. Position in labor organization. <u>FINANCIAL SECRETARY / BUSINESS REPRESENTATIVE</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

08/15/05

Date

217-324-2401

Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9. Business deals with:

☐

a. Labor Organization

☐

b. Trust

☐

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

BECKER & GALANTI, P.C.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

P.O. Box 488

Street

3673 Highway 111

City

GRANITE CITY

State

ILLINOIS

ZIP Code + 4

62040-0488

14.a. Nature of payment.

GIFT PACKAGE OF STEAKS
FOR CHRISTMAS

13.b. Is the Business an Employer



or Consultant



?

14.b. Amount of payment.

\$48.46

FORM LM-30

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3. Name and address of person filing. Name SCOTT N. SNOW P.O. Box, Bldg., Room No., if any P.O. Box 263 Street 221 S. PINE ST. City IRVING State ILLINOIS ZIP Code + 4 6051-0263	4. Name, file number, and address of labor organization. Name CARPENTERS LOCAL UNION #725 Labor Organization File Number 068-882 P.O. Box, Building and Room Number, if any Street 215 1/2 Old Historic Rt 66 City LITCHFIELD State ILLINOIS ZIP Code + 4 62056-2635
5. Position in labor organization. FINANCIAL SECRETARY / BUSINESS REPRESENTATIVE	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):


A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.
---	--

Signature

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Signed



On

8/15/05

Date

217-324-2401

Telephone Number

Name of Person Filing

SCOTT N SNOW

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name TRUST FUND ADVISORS
 Trade Name, if any: TFA
 P.O. Box, Bldg., Room No., if any SUITE 1110
 Street 2001 BUTTERFIELD ROAD
 City DOWNERS GROVE
 State ILLINOIS ZIP Code + 4 60515-1050

9. Business deals with:

- ☐ a. Labor Organization
☒ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name CARPENTERS PENSION FUND OF ILLINOIS
 Trade Name, if any:
 P.O. Box-Bldg., Room No., if any P.O. BOX 791
 Street 28 NORTH FIRST ST.
 City GENEVA
 State ILLINOIS ZIP Code + 4 60134-0791

11.a. Nature of such dealing.

INVESTMENT CONSULTANT / ADVISOR

11.b. Approximate dollar value of such dealing.

N/A

12.a. Nature of interest held or income received.

DINNER PROVIDED BY TFA
REPRESENTATIVE TO DISCUSS
INVESTMENT PERFORMANCE

12.b. Amount \$50.58

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name
 Trade Name, if any:
 P.O. Box, Bldg., Room No., if any
 Street
 City
 State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

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5. Position in labor organization. <u>FINANCIAL SECRETARY / BUSINESS REPRESENTATIVE</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

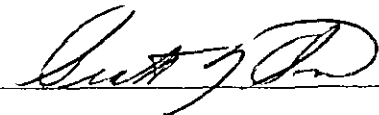
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.
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Signature

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Signed



On

08/15/2005
Date

217-324-2401

Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name BHUM, SIGMAN, AUBENBACH, NEWMAN LTD.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any SUITE 2200Street 200 WEST ADAMSCity CHICAGOState ILLINOIS ZIP Code + 4 60606
5231

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name CARPENTERS WELFARE FUND OF ILL.
CARPENTERS PENSION FUND OF ILLINOIS
CARPENTERS RETIREMENT SAVINGSTrade Name, if any: FUND OF ILLINOISP.O. Box, Bldg., Room No., if any P.O. Box 291Street 28 NORTH FIRST STREETCity GENEVAState ILLINOIS ZIP Code + 4 60134
0791

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

11.a. Nature of such dealing.

FUND ATTORNEY11.b. Approximate dollar value of such dealing. N/A

12.a. Nature of interest held or income received.

PROVIDED LUNCH TO TRUSTEES
AT SPECIAL EDUCATIONAL
SEMINAR12.b. Amount 2500

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

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5. Position in labor organization. <u>FINANCIAL SECRETARY / BUSINESS REPRESENTATIVE</u>	

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A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.
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Signature

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Signed

On

08/15/2005

Date

217-324-2401

Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).
 Name CARPENTERS RETIREMENT SAVINGS OF I
CARPENTERS WELFARE FUND OF I
CARPENTERS PENSION FUND OF I
 Trade Name, if any: _____
 P.O. Box, Bldg., Room No., if any P.O. Box 791
 Street 28 North First Street
 City GENEVA
 State ILLINOIS ZIP Code + 4 60134
0791

9. Business deals with:
☐ a. Labor Organization
☒ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name
 Name CARPENTERS RETIREMENT SAVINGS OF I
CARPENTERS WELFARE FUND OF I
CARPENTERS PENSION FUND OF I
 Trade Name, if any: _____
 P.O. Box, Bldg., Room No., if any P.O. Box 791
 Street 28 North First Street
 City GENEVA
 State ILLINOIS ZIP Code + 4 60134
0791

11.a. Nature of such dealing.
BENEFIT FUNDS

11.b. Approximate dollar value of such dealing. N/A

12.a. Nature of interest held or income received.
REIMBURSEMENT FOR EXPENSES
+ PROVIDING MEALS AT BOARD
OF TRUSTEE MEETINGS AND
SPECIAL COMMITTEE MEETINGS

12.b. Amount \$1,191.82

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).
 Name _____
 Trade Name, if any: _____
 P.O. Box, Bldg., Room No., if any _____
 Street _____
 City _____
 State _____ ZIP Code + 4 _____

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.